

The Commonwealth of Massachusetts  
Town of Pembroke

**APPLICATION FOR PERMIT**

Do not write in this space

Permit No.: \_\_\_\_\_

Application Date: \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_

To the Licensing Authorities:

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by (***please print clearly***)

Name: \_\_\_\_\_  
(Full name of person making application)

Contact email address: \_\_\_\_\_

Company: \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_

to **pump and transport septage** in the Town of Pembroke.

***Must fill in:***

Disposal area location(s): \_\_\_\_\_

Company/facility submitting pumping reports: \_\_\_\_\_

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone)